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## **COVER LETTER**

TO: Registration Section	, , , , , , , , , , , , , , , , , , ,		
Division of Corporations			
SUBJECT: Lizard Investment Group FL, LLC			
(Name of Limit	ted Liability Company)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning the	his matter to:		
Lyudmyla Klimanova			
(Contact Person)	<del></del>		
Lizard Investment Group FL, LLC			
(Firm/Company)		֓֞֞֝֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
6425 Potrero Dr	ZZ AUB ZY		
(Address)		, , ,	
Newark, CA 94560	÷.		
(City/State and Zip Code)	<u></u>	3	
For further information concerning this matter	r, please call:		
Lyudmyła Klimanova	510 298-2180 at ( )		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to  ■ \$25 Filing Fee	•		
Mailing Address:	Street Address:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as	s it appears on the records of the Flo	orida Department
2. The Florida doc	ument/registration number a	ssigned to this limited liability com	pany is:
Vauin Craitas		signed or will withdraw/resign is:	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	
		he limited liability company has bee	n notified of my
Signature of Di	ssociating Member or Resig	gning Manager	22 AU
_	\$25.00 (Required) \$30.00 (Optional)		avision brooking